



Wisconsin Department of Public Instruction  
**AUTHORIZATION TO RELEASE INFORMATION  
FOR DEPARTMENT VOLUNTEERS**  
PI-2660-V (Rev. 07-09)

**INSTRUCTIONS:** Please return the completed form to.

**DEPARTMENT OF PUBLIC INSTRUCTION  
ATTN: VIRGINIA MALY  
HUMAN RESOURCE SERVICES  
P.O. BOX 7841  
MADISON, WI 53707-7841**

The Department of Public Instruction conducts criminal background checks as a condition of appointment to volunteer positions. The background check includes a review of any pending charges or convictions.

**I HEREBY AUTHORIZE** the Department of Public Instruction to conduct a criminal background check. In connection with this consent, I authorize the use of law enforcement agencies and/or private background check organizations to assist the department in collecting this information. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the Department of Public Instruction or its designated agents with any and all information in their possession regarding me in connection with a requested appointment as a volunteer. I authorize that a photocopy of this authorization be accepted with the same authority as the original.

I am aware that any personally identifiable information requested (e.g., gender, date of birth, etc.) is for the sole purpose of accurately gathering the information needed for the criminal background check and will not be used to unlawfully discriminate against me.

I also am aware that records of arrests or pending charges and/or convictions are not an absolute bar to appointment as a volunteer. Such information will be used to determine if there is a substantial relationship between the circumstances of the pending charge and/or conviction and the volunteer assignment for which I am being considered.

I release the Department of Public Instruction and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may anytime result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

GENERAL INFORMATION					
Volunteer Placement / Type of Service		DPI Location / Office		Volunteer Placement Contact	
Full Legal Name					
First		Middle		Last	
Other Names you have Used*				Date of Birth <i>Mo./Day/Yr.</i>	
				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current Address, <i>Street</i>		City		State	Zip
Have you lived, worked, or attended school outside Wisconsin at any time in the past 20 years, after the age of 17? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Where:</i>				Telephone <i>Area Code/No.</i>	
				Social Security No.*	
Have you ever been convicted of a crime or have any pending criminal charges against you? <i>This refers only to felonies and misdemeanors. You do not need to include noncriminal violations or municipal ordinance violations.</i> If unsure whether the charge is criminal or noncriminal, disclose it. <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Provide details below.</i>					

SIGNATURE	
<b>I HEREBY CERTIFY</b> , to the best of my knowledge, that the information provided herein is true and complete. I understand that any falsification or omission may disqualify me for this volunteer assignment.	
Signature of Applicant ➤	Date Signed <i>Mo./Day/Yr.</i>

DETAILS			
Indicate nature, date(s), court case number, county, and state or as much information as possible, of conviction(s) and/or pending charges.			
Charge or Conviction	Date	Court Case Number	County & State

\*This information is needed to verify the accuracy of the information received from law enforcement agencies.

**Office use only:** Contact Bonnie L. Eldred at [bonnie.eldred@wesp-dhh.wi.gov](mailto:bonnie.eldred@wesp-dhh.wi.gov) with results.